

November 29, 2016

MEMO TO: House Health Policy

FROM: David M. Krhovsky, MD, President

RE: Opposition to Senate Bill 1019

On Behalf of the more than 15,000 physicians of the Michigan State Medical Society, I am writing in opposition to Senate Bill 1019. This legislation is a significant change from existing law, and creates significant risk to the public. Specifically, Senate Bill 1019 raises many issues regarding patient safety, financial interests, professional liability, training, transparency, and accountability. As such, this legislation should not be taken lightly and is not conducive to the abbreviated process that the "lame duck affords. Our opposition is based on the following:

- **A Flawed Process:** Senators serving on the Health Policy Committee have experience in deliberating scope of practice issue, after vetting the subject in Committee, there were insufficient votes to move the bill. Consequently, an identical bill was introduced to the Michigan Competitiveness Committee and passed with minimal deliberation. There were no changes made to the legislation throughout this process in spite of several attempts to offer language to address the concerns of the physician community.
- **Anesthesia services being provided safely, does not mean anesthesia is safe:** The physician community has gone to great lengths to improve safety for patients, however there are still risks that may be unique from patient to patient. During surgery anesthesiologists are like seatbelts, you may not know if and when you will need them, but if something unforeseen occurs you definitely want them around.
- **Senate Bill 1019 requires no additional training for CRNAs:** Senate Bill 1019 is not some sort of response to changes in the training of Certified Registered Nurse Anesthetists. It significantly increases the ability of CRNAs to practice independently via legislation not by additional education.
- **Senate Bill 1019 provides new statutory authority, but zero accountability:** Professional liability and scope of practice are linked. Senate Bill 1019 allows for a CRNA to provide anesthesia services independently, however, because of the expert witness laws in Michigan, a CRNA could provide anesthesia without supervision and any additional training and then use their relative lack of training as a defense in a medical liability case.
- **Existing Law is sufficient:** The current provisions of the Public Health Code offers flexibility for CRNAs to practice under the supervision of the surgeon and does not mandate that anesthesia services only be provided by an anesthesiologist. In those instances when care can safely be

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provided by CRNAs, surgeons and other physician specialties are willing to accept responsibility and accountability for patient care and routinely rely on CRNAs. Senate Bill 1019 removes this level of accountability.

Increases in education and training are the most appropriate routes to justifying increases to scope of practice. Senate Bill 1019 seeks via legislation that which should be obtained through education and that puts special interests over patient interests. This Committee has addressed scope of practice issues in the past, and through hard work and a fair process-consensus can be achieved- as was the case recently with House Bill 5400 regarding Advance Practice Registered Nurses. Senate Bill 1019 is not a product of consensus, it is controversial legislation that has not addressed any of the significant concerns this dramatic shift in our statute would create. On behalf of the physicians of Michigan, I would urge you to vote no on Senate Bill 1019.